

## Nevada State Board of Medical Examiners 14-Day Sentinel Event Report Form

Pursuant to NRS 630.30665, physician required to report within 14 days of occurrence, sentinel events occurring in-office or at other facilities NOT a medical facility as defined under NRS 449.0151 and/or NOT out of state. SEND report to: NSBME, P.O. Box 7238, Reno, NV 89510-7238; Fax: 775-688-2321; Email: [nsbme@medboard.nv.gov](mailto:nsbme@medboard.nv.gov).

FOR OFFICIAL USE ONLY

**PLEASE PRINT OR TYPE**

**Date of Sentinel Event:**     \_\_\_/\_\_\_/\_\_\_  
MM   DD   Year

**Date of Report:**             /        /         
MM      DD      Year

**Patient's Nevada County of Residence:** \_\_\_\_\_

**Patient's State, or Country, of Residence (if Not Nevada):** \_\_\_\_\_

**Patient's Date of Birth:** \_\_\_\_\_

**Patient's Gender:**                                 Male                                 Female

Did the sentinel event occur in a practice office: \_\_\_\_\_ Yes \_\_\_\_\_ No

**If NO, in what type of facility did the sentinel event occur? (Do NOT report an event if it took place outside of Nevada or in a facility as defined under NRS 449.0151.)**

**What are the primary and secondary specialties of the physician performing the surgery or procedure?**

## DESCRIPTION OF SENTINEL EVENT

**What was the surgery/procedure being performed?** \_\_\_\_\_

**Describe the sentinel event:**

**OUTCOME OF SENTINEL EVENT** *(If death, actual physical injury with permanent loss or actual psychological injury with permanent loss occurred, please indicate.)*

**Describe the Outcome:**

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**CORRECTIVE ACTIONS** *(If equipment repair or procedure, policy, or process modification or change took place, please indicate.)*

**Corrective Action Taken:**

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**SIGNATURE** *(Please sign and date below. A separate Sentinel Event Report Form is required for each and every reportable sentinel event. A signature is required on each and every form.)*

**Print Name:**

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**License Number:**

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**Office Address:**

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**Doctor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_